PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.-WRITE

Z

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	3	
County Caroline	(s) Registration Dist. No. 62	
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Infant Acrees		
	O. W. d	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J. HEREBY CERTIFY, That I attended deceased fro	
DATE OF BIRTH (month, day, and year) Feb. 11, 1932 AGE Years Months Oays It LESS that 1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this	Stillborn Date of ones	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
11100		
13. NAME Morgan Acrees 14. BIRTHPLACE (city or town) (State or country) Md.	Name of operation Dete of What test confirmed diagnosis? Was there an aulopsy?	
15. MAIDEN NAME Rachel Hutchens	23. If death was due to externat causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Rachel Hutchens 16. BIRTHPLACE (city or town) (State or country) Md.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL PlaceDato,19_	Manner of injury Nature of injury	
9. WNDERTAKER(Address)	24. Wes disease or injury In any ay related to ecupation of deceased? If so, specify (Signed) (Signed) (Signed) (Market Market	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Mack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	P. andis	3 days ago	
Other contributory auses of importance:	May 1,1923	Other contributory causes of importance:	1 year	
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN		

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example	100	Example II			
The principal cause of death and related causes of importance were as follows	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis R. F	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0

PLACE OF DEATH
ounty Caroline

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 63

Village or City	(No.	•	St.: W
	0, 1	5/11	2
² FULL NA	ME Saron	6. Kda	end.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2FULL NAME Sarah 6	Mand stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEEK 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	HEREBY CERTIFY, That I attended the deceased from 1922 to 1932 that I last saw handlive on 1927
7 AGE 5 Hyrs. // mps. 7 ds. or min.?	
8 OCCUPATION (A) Trade, profession or particular kind of work	8 tomach
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary Contributory
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Si
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents) At place In the State yrs de, de,
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Estay, 22	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER, ADDRESS
Filed Tel 19 1982 NOWAR B Harris	12 1/ A/ / / / / / / / / /

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomolive engineer, But in many ."" "Deal-

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular hcart disease; Nomenclature The contributory

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11472)
1. PLACE OF DEATH	93-2
County Castaline	Registration Dist. No. 62
Village & City Burssville	No. St., Ward
(If Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) dsHow long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COMME Janie	3 Land
(a) Residence: No.	St
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of William Bafur	22. A LHEREBY CERTIFY, That I attended deceased from 1971 to 7 1932
B. DATE OF BIRTH (month, day, and year) hot known	I last saw h alive on Tuch 25 19 3 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at.//m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	a cute nuyrearditio - 30 Minuste
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
10. Oate deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Eauala	Other Contributory Causes of Importance:
(State or country)	Stigh Blood Pressure - 1927-
13. NAME Should do	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME A LABORITA	What test confirmad diagnosis? Was thera an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?, 19, 19, 19
17. INFORMANT Muss Baker	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Surravelle Date Fell 9, 195	Manner of injury
19. UNDERTAKER J Diegel Jacobs (Address)	24. Was disease or infury in any way clated to occupation of deceased? 200
20. FILED 2 - \$ 1932/m NO/2019 Registrar.	(Signed) (Address) M. D.
76	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUYEAU V.S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

orne w. Lollo

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (1473
1. PLACE OF DEATH	(119)
County Caroling	Registration Dist. No. 64
Village or City Dedratale	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
0011 4 10 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LIBROUDO Jeon Sol	des-
(a) Residence: No. O'eder als Yourg Mo	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tuale Colored OR DIVORCED (write the word)	Jeh 2/ 1992
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10+ 0" 10-1	,19, ,to , 19
6. DATE OF BIRTH (month, day, and year) Vet, 8" 1931 7. AGE Years Months Days If LESS than	I last saw h aire on , 1973 , death is said
1 day her	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	Macrime Lon But
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	gastro-enterities. CwfR
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Positive ((State or country)	Other Contributory Causes of Importance:
· Maria	-
14. BIRTHPLACE (city or town) Carcoling Co.	
4. BIRTHPLACE (city or town) Concount (State or country)	Name of operation Date of
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Sox Chester Co.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19
(State or country)	Where did injury occur?
17. INFORMANT Bertha C. Bolden. (Address) Sederals Turg vid R. T. B	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Colles bury, Und Date Jeb. 22", 1932	Nature of injury
19. UNDERTAKER Mitiranistom & Son (Address) Sieder als France And	24. Was disease or injury in any way related to occupation of deceased?
20. FILED L'et 22", 1932 Registrar.	(Signed) Steller all Trusa, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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DURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

M	item of infor-	S should state	of OCCUPA-	1
•	RECORD. Every	7. PHYSICIAN	Exact statement	
R BINDING	A PERMANENT	ed EXACTLY	erly classified.	ficate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
MARGIN RI	H UNFADING	y supplied. AGI	ain terms, se tha	See instructions
•	PLAINLY, WIT	ould be carefull	F DEATH in pl	very important.
	-WRITE	mation sh	CAUSE 0	TION is

1	S	TATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	171
1	PLACE OF DEA	TH 0			(J3)	414
	County Ce	erole	ul.	***	Registration Dist. No. 62	
	Village or City	Deut	ou		NoSt.,	Ward
	Length of residence in c	ty or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrs	
2	FULL NAME	Jan	ie - 1	Bul	Pack	
	(a) Residence: No.		Decel	are	St Ward.	
-	DEDGOMALAN		(Usual place of		If nonresident give city or town and	l State
3. S	PERSONAL AN	R OR RACE			MEDICAL CERTIFICATE OF DEATH	
3. 5	Revale -	Veile		(write the word)	21. DATE OF DEATH	193 2
5a.	If married, widowed, or divo	rced	un	rus	(Month) (Day)	(Year)
	(or) WIFE of	Pari	13.0	0. 26	22. HEREBY CERTIFY That attended	deceased from
			1 1 -	-118	+ 1 4 1932 to + 1 5	19 3 2
6. E	GE Years	y, and year) Months	Days	If LESS than	1 last saw h	_; death is sald
	57	4	2/	1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trade, profession, or p	Brticular	,	ormin.	were as follows:	Date of onset
101	kind of work done, SAWYER, BOOKKEE		faure.	wip		
OCCUPATION	9 Industry or business in work was done, as	SILK MILL.			augura Pectous des pun	4
200	3AW MILL, BANK, 1	ked at	11. Total tir	me (years)	- J	
	this occupation (mo year)	nth and		tin this pation		
12.	BIRTHPLACE (city or town)	Raru	inge	low	Other Cautributary Causes of importance:	
_	(State or country)	0	Della	work	chrone milisterial pefants	1931+
FATHER	13. NAME	Her O	2/Da	covan	J+y pertusing	1931±
AT	14. BIRTHPLACE (city or to	wn)		9	Name of operation Date of	
	(State or country)	0 0	fore		What test confirmed diagnosis? Wes there an	autopsy?
MOTHER	15. MAIDEN NAME	Lesda	Jose	plus	23. If death wes due to external causes (VIOLENCE) fill in also the following	g:
MOM	16. BIRTHPLACE (city or to (State or country)	wn)	10 1		Accident, suicide, or homicide? Date of Injury	, 19
(State of country)					Where did Injury occur?	te)
17.	NFORMANT		1 Just	ello !	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PL	ACE.
18.	BURIAL, CREMATION, OR R	EMOVAL	T.	0 600	Manner of injury	
	Place Jeck	eu.	DateDate	20.,19.3	Nature of injury	
19.	UNDERTAKER	7/11	Zes o	72	24. Was disease or injury in any way related to occupation of deceased?	no
	(Address)	5	- 0		If so, specify	
20.	FILED 2-8	932/m	16 year	gi	(Signed) 3 out novo	M. D.
1				Registrar.	(Address)	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
124 annital the demonstration and an account			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

inforstate OCCI plnods ORD. Every item of Jo PHYSICIANS statement Exact classified certificate. HIS Jo back may no that instructions ARGIN supplied terms, See plain carefully important. in DEATH be very Should OF CAUSE mation TION

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County rals miras (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______ vrs. ____ mos. ____ ds. Length of residence In city or town where death occurred. If nonresident give city or town and State (Usual place of Abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) Suriaro. (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I/HEREBY CERTIFY. Thet Lattended deceased from (or) WIFE of 32 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at 10 1 day, ...-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ ------ Was there an au opsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Address)

Registrar. If more danks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Control interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU V.	N - 1		
Other contributory causes of importance:	and the second of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. NO. 1

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH	01476
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1. PLACE OF DEATH			2.3)
County Caroline,			Registration Dist. No. 6
Village or City Federalsbu	irg.		No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
			death occurred in a hospital or manufactor, give its IVAIVIE, instead of street and number) ds
2. FULL NAME Elena Da	avis.		
(a) Residence: No. Federalsh		Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
	OR DIVORCED	RIED, WIDOWED, (write the word) gle.	21. DATE OF DEATH Feb. 5th. 1932 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		• 4p/d _{2p}	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	. 13t	h. 1857	I last saw her alive on Dee / 1931; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at _ / 8 Pm.
74 I	22	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and rejated causes of Importance
8. Trade, profession, or particular		; 01mm.	Tulmenary Date of onset
	ouse-w	ork	Herberchage -
North work was done, as SILK MILL, SAW MILL, BANK, etc.		4	
Dato deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTIIPLACE (city or town) Federal (State or country)	lsburg Md.		Dther Contributory Causes of Importance: Curval
Conolir			Man-
14. BIRTHPLACE (city or town) (State or country)	Nd.		Name of operation Date of
			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rebecca A	***** - X	200,	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	land.		Accident, suicide, or homicide? Date of Injury, 19
(State of country)			Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Harry N (Address) Federals bu			Specify whether injury occurrad in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, MG	he Feb	. 8th, 32	Manner of injury
19. UNDERTAKER J.T. Framptom (Address) Federalsby	& Son	d. , "	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Tels. 8", 1932 06	Hira	A	(Signed) M. C. Planner M. C. (Address) Frederickshire May

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Chronic interstitial nephritis. Q 1432	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUPPAU V.	8			
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gostroenteritis	1 yeor	

i	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	95-7		
county Caroline	Registration Dist. No. 6 H		
Village or City Chestrut 2 7050,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos	ds How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME James P. Sless	rex.		
(a) Residence: No. Federal Priva Vid R. L. (Usual place pot abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH Siels, 27" , 193 2 (Month) (Oay) (Yeer)		
5a. If merried, widowed, or divorced HUSBAND of Wrary & Sestiment	22. Tel-23 132 to 74. 23 1932		
6. DATE OF BIRTH (month, day, and year) May, 20" 18H7	I last saw h/ 1 alive on 74 23 , 1932; death is said		
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at		
8H 9 7 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as pollows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hardio- Vas cular		
9. Industry or business in which work was done, as SILK MILL, was borned was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and spent in this spent in this	Dinar -		
10. Date deceased last worked et this occupation (month and years) year) occupation occupation			
12. BIRTHPLACE (city or town) Correr set Co. (State or country) Perma	Other Contributory Causes of Importance: Herns flugling diff		
# 13. NAME Jacobs & Sexoner.			
13. NAME Jacob S. Sessover.	Neme of operation Date of Date of		
(State of country) Persona,	Whet test confirmed diagnosis?		
15. MAIOEN NAME No data.	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:		
15. MAIOEN NAME No data. 16. BIRTHPLACE (city or town) 12 11 (State or country)	Accident, sulcide, or homicide?		
17. INFORMANT Starry W. Slebbrer. (Address) L'eder als Pring Trid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Ivit Zion Camaleny. Date than 2", 1932	Manner of injury My Manner of injury Mature of injury		
19. UNDERTAKER July roundlow & Son (Address) Sie der als Burg ynd	24. Wes disease or Injury interny way related to occupation of deceased?		
20. FILEO J'els 27", 1931 Miramillous Registrari	(Signed) M. D. Hidewaldury, 1999 M. D. (Address)		
If more lands are needed address State Registrar	2411 N Charles Street Baltimore Requesting 7) S No. 1		

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Chronic interstitial n	rphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOTE OF STREET	July 5,1927	Peritonitis	3 days ago
	•			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact

RECORD

BINDING A PERMAN

MARGIN RESERVED FOR

TH UNFADING INK---THIS

STATE OF MARYLAND

County Caroline	Registration Dist. No. 66
Village or Cit Trappley (No	St.: Ward) (If death occia hospital er tion, give its Nostead of strenumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OF RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH References 2 (, 19)
6 DATE OF BIRTH	that I last saw h Walive on M. W.
7 AGE III LESS	than hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Dustion) yrs(2 mre
which employed or (employer) 9 BIRTHPLACE (State or country) Wester faute	Contributory
10 NAME OF FATHER CALLELE Baldee	(Signed) Sure Theel
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Discase Causing Death, or, in deaths Violent Causes, atate (1) Means of injury and (2) wh Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) Tois Frages (Address) Juidgeley I	18 PLACE OF BURIAY OF REMOVAL PLATE OF BUILDING REMOVAL Reb 29
15 Filed Feb 22 1922 Marin	20 INDERTAKER ADDRESS -

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

4. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestie service for wages, as Seruant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits ean be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm lcborer, without more precise specification as For persons who have no occupation (b) Automobile Stationary freman, etc. If the oecupation has been ehanged Laborer-Coal mine, etc. Wom-Salesman. factory. The materia person, irrespective of Locomolive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal defer (the only definite synchym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepseis, course) may be stated under the head of "contributory." carbolic acid-probably smade. The nature of the injury taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," ele diseases resulting from ehildbirth or miscarriage can be ascertained as the cause. "Inanition," "Marasınus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meosles (disease approved by Committee on accident; Revolver would of head homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, or intercurrent) affection need not be cough; Chronic Carcinoma, etc. valvular heart disease; Nomenclature Always qualify all The eontributory Sarcoma,, " "Shock," ete., of death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is parmanently filed.

1/	info	sta	UP/	
17	Jo	plu	00	
1	item	shor	of 0	
	A PERMANENT RECORD. Every item of info	ed EXACTLY. PHYSICIANS should sta	erly classified. Exact statement of OCCUP!	
	RD.	IXI	stat	
0	RECO	. PH	Exact	
bNG	MENT	TLY	fied.	
R BINDING	RMAL	XAC	classi	
B	PE	E	rly	ficate.
22	4	e	e	ij

1. PLACE OF DEATH	F MAKILAND	CERTIFICATE OF DEATH	5.0
County Carveine		Registration Dist. No. 26	
Village or City Ruly	lu.	No. St.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and r	umber)
Length of residence in city or town where o	reatn/occurred yrsmo:	ds. How long in U.S. If of foreign birth?yrsm	sds
2. FULL NAME (a) Residence: No.	L.G. Mruus	St. Ward.	
(a) Residence, No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Jimaie 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH Jub. 7 (Month) (Day)	, 193 2 · (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended Jan. 25 1932 to February	
6. DATE OF BIRTH (month, day, and year)	1850.	I last saw h. ev alive on Debrue 5 1932	,
7. AGE Years Months	Days If LESS than	to have occurred on tha date stated above, at 5.39 Pm.	
88 V V	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Honsework.	De State	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	V	action of the second	
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spent in this		
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importanco:	
(State or country)	ware.		
13. NAME Edward &	Ornie		
14. BIRTHPLACE (city or town) (Stata or country)	lawore.	Name of operation Exploration Oete of Was there are a	7
15. MAIOEN NAME Facul	Lev.	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	<u> </u>	Accident, suicide, or homicide? Data of injury	, 19
17. INFORMANT Jose. W.	www.	Whare did injury occur?	e) ICE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	lo bus mo.	Manner of injury	
Place Greens too m	Loata 2/9/31-19	Nature of injury	
19. UNDERTAKER R. B. Rau	lugo!	24. Was disease or Injury in any way related to occupation of deceased?	
	bent mi.	If so, specify (A)	
20. FILED Fal. 8 , 19.32	12 Davis	(Signed)	М. С
	Registrar.	(Address) Well to A	ta

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Date of onset 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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	CORD	PHYS	ct sta	
4	T RE	Y.]	Exa	
MARGIN RESERVED FOR BINDING	N. BWHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
OR B	APE	ated E	operly	
DF	SI SI	e st	e pr	
RVE	-TH	ald !	nay k	
ESE	INK	E she	at it 1	
NR	DING	AG	so th	
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	KITE	ion sl	USE	
V. S. No(1)		mat	CAL	CAR
V. S. 1	N. B			

	CERTIFICATE OF DEATH 01481
1. PLACE OF DEATH ()	12.0
county Caroline	Registration Dist. No. 64
Village or City S'ederals Pring.	NoSt.,Ward
Length of residence in city or town where death occurred.	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
1/ + M .1 - C	1
2. FULL NAME Malura H. No	VC.
(a) Residence: No. 5'eder alsura, and	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Service (Month) (Day) (Year)
HUSBAND of Goseph Walter Mobile	22. HEREBY CERTIFY, Thet I attended deceased from
4. 0" 10==	79 10 10 feet 9 1932
5. DATE OF BIRTH (month, day, and year) Would 8 1857	last saw hell elive on , 19 , death is seid
7. AGE Years Months Pays If LESS than 1 day,hrs.	to heve occurred on the date stated above, at N
8. Trade, profession, or particular	were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, House - work SAWYER, BOOKKEEPER, etc.	Coreland Nommaland 2/c/
	artist parting /
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end year)	
	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town)	
Orces o Stoveson.	Name of against a
(State or country)	Name of operation Dete of Was there an autopsy?
5 15. MAIDEN NAME CONTRACTIONS Hall	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cottnerine Hall. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Milmer S. troble. (Address) L'ederal Para Trad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place L'eder als rung Mid Date d'et. 12, 1932	Nature of injury
19. UNDERTAKER Jittamttom & Sou (Address) Fredericks Pring, And	24. Wes disease or Injury In eny way related to occupation of deceased?
20. FILED J'els. 10", 1932 Prompton	(Signed) MOP Studen M. (Address) Adulabase

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of de of importance were as for	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti-		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 3 1932	July 5,1927	Peritonitis	3 days ago
	BUREAT .			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones	AM	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

TION is very important. See instructions on back of

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01482
1. PLACE OF DEATH	A5-D
county Caroline	Registration Dist. No. 6H
Village or City L'ederalsburg.	NoSt.,Ward
Length of rasidance in city or town whera death occurradyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME Martha H. Satter	ield
(a) Residence: No. 3's devaloring had (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. S'errale, White Single, Married, WIDOWED. OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH To 1932 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Govern C. Satterfield,	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tos. 5" 1847	I last saw h 2 aliva on 2/14 1932; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 7-P-m.
8H 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance wera as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	General Tenilty Cardiae 3rd kiedness condition + cardia-
9. Industry or business in which work was dona, as SILK MILL,	neplarities / dustin
SAW MILL, BANK, etc	Duration: indefinite,
12. BIRTHPLACE (city or town) Caroline Co. (State or country) Waryland	Other Contributory Causes of Importance: - General ald age complications.
II 13. NAME Clerrent Sullivan	
7 14. BIRTHPLACE (city or town) Caroline Co.	Name of operation Dete of
(State of County)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Colizostith Worgan.	23. If daath wes due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Colizobeth worgan. 16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT MAY'S Helen Mc Irraliand (Address)	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tederals Pring lud, Date Tels. 16", 1932	Nature of injury.
19. UNDERTAKER JAT ramptom & Sons. (Addrass) Seden: als Presign Med.	24. Wes disease or injury In eny way related to occupation of daceased?
20. FILED Lev. 15", 19.3.2 Horanglong Registrar.	(Signed) Statisting In d. D. (Addrass) Statisting In d. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I	1	Example II	
The principal cause of of importance were as i	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 3 1932	July 5,1927	Peritonitis	3 days ago
	SUPPLIFE			
Other contributory cause	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis -	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

7. S. No. 1

PLACE OF DEATH County Caraline



STATE OF MARYLAND CERTIFICATE OF DEATH

6	Registration Dist. No. 66
Village or City Deidgeley (No.	St.: Ward) (If death occurred in a hospital er institution, give its NAME instend of street and
2FULL NAME FALLMAN CA	LOST EE GOLD number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hewelle Whele or DIVORCED (Write the word)	16 DATE OF DEATH Letters / (Month) (Day) (Year)
Date of BIRTH July 214, 185	17 I HEREBY CERTIFY, That I attended the deceased from 132. to 7 1, 182.
(Month) (Day) (Year) 7 AGE Ilf LESS than	and that death occured on the date stated above, at
179 10 9 1 dayhrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	assider
particular kind of work at the control (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
B BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER O. S.	(Signed) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Desth, on in deaths from
(State or country) Quees 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER - Backtel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of death yrs mos. ds. State yrs nos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informent) Persa Tugreris	Former or usual residence Manie
(Address) Bilgiley	Redgeley Dewrite Petr 19 3
Filed Fel /3 1932 Registras	20 UNDERTAKER ADDRESS Ventan
If more banks are needed, address State Registrar	, 16 N. Saratoga St., Balto., Requesting W. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (10) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, County to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Feal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Furm laborer, Laborer-Coal mine, etc. without more precise specification as For persons who have no occupation (b) Automobile fuctory. The insteria Locomotive engineer, But in many (6) (hinocus) Wom-Day

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebrodar pneumonia. Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospinal. to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-("Pneumonia,

> as fracture of skull, and consequences (e. g., sepairs, stellars) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the radident; Revolver wound of head homicide; Powered by (Recommendations on statement of cause of can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart lands," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic affection valitular heart disease; Sarcoma, need Measles ; not be

answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions permanently filed.

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND	-CERTIFICATE OF DEATH 01484
1. PLACE OF DEATH County Caroline	Registration Dist. No. 64-62
Village or City Zuar Neuton	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Islaw Atrury I	sice
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That f attended deceased from
6. DATE OF BIRTH (month, day, and year) and 2 well 186	7 I last saw halive on
7. AGE Years Months Days If LESS than	to havo occurred on the date stated above, at
62 6 22 1day, hrs.	more as tollows.
8. Trade, profession, or particular kind of work done as SPINNER	Lead ou assivel - Date of onset
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the second in this	Crushed under load
work was done, as SILK MILL, SAW MILL, BANK, etc	J wood -
10. Date deceased last worked et this occupation (month and year)	[Weekking
7 2 2 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Rease asserted (State or country)	
13. NAME Hear Miles	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of Country) of customer kinds	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eath Welson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury 74 2419.3.2
(State or country) way form.	Where did Injury occur? No Wester (Specify city or town, county and State)
17. INFORMANT MISS Fleen All Man	Specify whether injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury I was Lell an line
Place teaucard Dote Pelo 6/, 19.3	Nature of injury Crushud L
19. UNDERTAKER TY DE TOUR DE TOUR	24. Was disease or Injury In any way related to occupation of deceased?
(Address) (Decelore 2014)	If so, specify Alisa on Therese
20. FILED. 2 - 2.5., 182 / Registrar.	(Signed) (Address) M. D.
Acgura.	(100)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

🐕 more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed, as At ochool or At home. Care should be taken definite salary). may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form par! of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Furner or Plantor. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques capation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Bervant, Cook household only (not paid Housekeepers who receive a laborer. Farm laborer, Laborerer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons (a) Foremen, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "('roup")" Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid puenmonia") ed term for the same disease. Examples: Corobrospina EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept Standment of Cause of Death-Name, first, the Dis (the only definite synonym is "Epidemic cerebro,

> ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tunior" for malignant neoplasms); Meastes; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all rhage," "Inanltlon," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlen," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: "PUERPERAL scpticucmia." "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.); cough; Chronic valvular Accidental drowning; (Recommendations on state-Example: Mcasics (disease Struck by railway The contributory heart disease; "Coma," The na-(merely (second-"Con-

the tion this certificate is looked over thoroughly and all ques-answered in detail, it will prevent further correspond-All the data is essential and must be obtained before

tertificate is permanently filed.

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M	of i	pli	CCI	
1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	y it	20	t o	
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1	. PLACE OF DEATH		-23	
	County Caroline		Registration Dist. No. 66	
	Village or City Redade		No. St.	Wa
		1 177	death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or town where death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsm	05
2	. FULL NAME Mrs Mary	Charlaste	Weaver	
	(a) Residence: No. Oudgety V	place of abode)	St., Ward. If nonresident give city or town and	State
ottoma:	PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	Dillo
Z	Leusle white man	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Jebruary 29 (Month) (0e)	, 193 (Yeer)
38.	If married, widowed, or divorced HUSBANO of (or) WIFE of Benedich Wes	ver	22. HEREBY CERTIFY, That I attended Felo 29, 1932, to 7, 1, 29	deceesed fr
6.	DATE OF BIRTH (month, dey, and year) Nov. 16	1850	I last saw h. F. elive on Jeb 7th ,1933	death Is s
7. /	AGE Years Months Days	If LESS then 1 day,hrs.	to heve occurred on the dete stated above, et. 5.30 /m.	
2	1 3 1 /3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of on
ON	8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Trub-		2
CUPATION	9. Industry or business in which work was done, as SILK MILL,		wimous distillutous	4
no	SAW MILL, BANK, etc.	atal time (very)	7	
ŏ	this occupation (month end	otal time (years) spent in this occupation		
	Relation	_	Other Coutributory Causes of Importence?	-0
14.	(State or country)		minanary remarkage.	Klu. J.
HER	13. NAME Peter Kichlin	e		-
FATH	14. BIRTHPLACE (city or town)		Name of operation	
2	(State or country)	0	Whet test confirmed diegnosis? Church have there an e	utopsy? 51
出	15. MAIDEN NAME Many Heff	Luger	23. If death wes due to external causes (VIOLENCE) fill in elso the following	
MOT	16. BIRTHPLACE (city or town)	/	Accident, suicide, or homicide? Oate of injury	, 19
	700 60-		Where did injury occur? (Specify city or town, county and Stat	e)
17.	INFORMANT MALL REAL (Address)	<i></i>	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVAL	chi.	Manner of Injury	
	Place Rivy Ma Date 10	4/34 ,1932	Neture of injury	
19.	UNDERTAKER KIRD Kawling (Address) Thems hory	s. md	24. Was disease or Injury In any way related to occupation of deceased?	no
20.	FILED Mar /", 1932 JN	Davis	(Signed) Line Stafer and	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II			
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	APD 1 1932	July 5,1927	Peritonitis	3 days ago		
	BURDAN V.S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones	Name and the second sec	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL S	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIA
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1. PLACE OF DEATH	(97)		
County Coroline	Registration Dist. No. 66		
Village or City Kar Relator	No. St., Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
- 1 - 1.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Mary augustas Wils	con.		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
1 OR DIVORCED (write the word)	Ferriary /2 1932		
5a. If merried, widowed, or divoged	(Month) (Day) (Year)		
HUSBAND OF COTO Solomon Wilson	22. I HEREBY CERTIFY, That I attended deceased from Jenning 7, 132, to July 11, 1932		
711 15th 1842	last sew h. P. Y. sive on Jafarrans 7, 1932; death is seld		
6. DATE OF BIRTH (month, day, and year) May 10 8 7 7. AGE Years Months N Days If LESS then	to have occurred on the dete stated above, at 5.80 Am,		
6 79 0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trede, profession, or particular	were es follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sendites 7.		
4 39. Industry or business In which	Orterio celerosis 20 gears. CuleB.		
work wes done, es SILK MILL, SAW MILL, BANK, etc			
	History, madesmate.		
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Tresus you	Extremely Leeble;		
(State or country)	Imociated ; not able to take fronts		
13. NAME Toures arter			
14. BIRTHPLACE (city or town)	Name of operation		
(State of Country)	What test confirmed diagnosis? Church Full Was there an eulopsy?		
15. MAIDEN NAME Mary Lieurge 16. BIRTHPLACE (city or town)	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(State or country)	Where did injury occur?(Specify city or town, county and State)		
17. INFORMANT (Address) Redsky Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, COMMATION, OR BOMOVAN	Manner of injury		
Place France (Dele Tele 13, 1932	Nature of Injury		
19. UNDERTAKER LO Moore	24. Was disease or Injury In eny way related to occupation of deceased? 200		
(Address) Donly ma	If so, specify		
20, FILED 7 oh 13.19.22 Bracis	(Signed) Jesse D. Free p. M. D.		
Registrar.	(Address) Ridgely Mil		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

PLACE OF DEATH County Lopholer los

STATE OF MARYLAND CERTIFICATE OF DEATH

0	Registration Dist. No. 60
Village or City Ridgelf (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Mary Dukes &	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. , 199 2 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	1 HEREBY CERTIFY, That Lettended the deceased from Jaw. 27 1932 to felle 1, 1922 that I last saw har alive on fell 1, 1922
	and that death occurred on the date stated above, at 10 3 2 mms. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or petticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Desmany in convical glades; sacondary in lungare (Duration) yes confidence de
9 BIRTHPLACE (State or country) Last 100	Contributory Secondary (Dury on) yrs mos ds
10 NAME OF FATHER Wellvam & Derges	(Signed June 1927 (Address) Leutan
OF FATHER (State or country) Lallet Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Consider Mason	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country) Paroline 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Pens Ro R. Wooters	Former or usual residence.
(Address) Easters Mid.	19 PLACE OF BURIAL OR REMOVAL ALL STATE OF BURIAL Fel 3 , 1932
15 50 7 16 2 189 1 1 MAN A	20 UNDERTAKER ADDRESS

Registrar

If more branks are needed, address tate Registrar, 1 N. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, Whooping carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali approved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all quations

permanently filed.

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	PLACE OF DEATH		STATE OF M	IARYLAND
	County Caraliel		CERTIFICATE	
	county Chicacocc	H6)		10.
	3. (()		Registration D	ist. No. 6
Vill	2FULL NAME John Mrs	ill	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE O	F DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, CILACUTE WIDOWED, OR DIVORCED (Write the word)	36 DATE OF DEATH	Ful.	13 , 1972 (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREB	Y CERTIFY, That I atte	A 13 . 1952.
	(Month) (Day) (Year)	that I last saw h	alive on 7 M	8 132
7 A	GE [If LESS than	and that death occu	ared on the date stated	above, at / / m.
d	Ceaul 60 yrs. mos. ds. or min.?	The CAUSE OF DEA	TH * was as follows;	
8 0	CCUPATION	Pari	nit	**************************************
14 (a) Trade, profession or articular kind of work	Lumina	y sin aen	
1 "	o) General nature of industry	*		***************************************
b	usiness, or establishment in		(Duration)	yr. 6 m. 1 de
-	hich employed or (employer) fum	Contributory		
	(State or country) Suar audersoulan	Secondary	(Duration)	
	10 NAME OF FATHER John Wright	(Signed) (Signed) (Signed)	2 (Address)	Deuton Jul
ENTS	OF FATHER (State or country) coat Janon	*State the I Violent Causes, a Accidental, Suicidal	Disrase Causing Death, state (1) Means of In l or Homicidal.	or, in deaths from ury and (2) whether
PAR	12 MAIDEN NAME OF MOTHER		ESIDENCE (For Hospit	THE RESERVE THE PERSON NAMED IN
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs	In the	yrsmosds.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con	ntracted,	
14	71. 5/-111	Former or usual residence		
	(Address) Allendar (L. Jack	o Church	Tech 13, 19
15	Filed 2 - 18 1932/m. 48 Yeary C. Registra	20 UNDERTAKER	(Mison	Dulan

If more blanks are needed, address State Registrat, 16 W. Saratofa St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager." "Teal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The meterial Stationary fireman, etc. Salesman, (b) Locomolive engineer, But in many Grocery,

Statement of Cause of Death—Name, first, the DIS-MASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "uphar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma." "Convulsions, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, or intercurrent) cough; Chronic affection need not be etc. The valvular heart disease; Sarcoma, " Shock, contributory Measles etc. of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.